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Determinants of homesickness chronicity: coping and personality

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Abstract

The aim of the present study was to examine the impact of coping strategies and basic personality styles on the one hand and timely recovery of homesickness on the other hand in female students. In order to study whether certain coping strategies and personality styles were associated with chronicity of homesickness, a sample of homesick female students was split up into those who were chronically homesick ($N=29$) and those who were not ($N=30$). Logistic regression analyses revealed that mental escape (coping style) and neuroticism (personality trait) predicted homesickness chronicity. Mental escape can be regarded as a relatively ineffective way of coping with homesickness. Daydreaming and fantasizing about home and wishful thinking are associated with homesickness chronicity. As the interference of neuroticism on the timely recovery of homesickness was greater than the effect of any coping style, personality seems to be more important than coping style. Recovery from homesickness was mainly attributed to making new friends. It is argued that new friends promote the adaptation process, keeping feelings of homesickness and the tendency to daydream and fantasize about home, at bay. © 1999 Elsevier Science Ltd. All rights reserved.

Keywords: Homesickness chronicity; Coping; Personality

1. Introduction

Each year many students leave home in order to enter university. As a consequence, they are confronted with the many opportunities, challenges and stressors that inevitably accompany such a transition. For instance, they have to deal with sudden breaks with routines, loss of friends and

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family and the necessity to adjust to a new environment. Following such a move, many students develop homesickness, a complex cognitive–motivational–emotional state which is associated with ruminations about home, an intense desire to return home, depressed mood and somatic symptoms (Fisher, 1989). In two studies among British university students, Fisher and co-workers reported that 60 to 70% of those who move to take up residency at university develop homesickness (Fisher, Murray, & Frazer, 1985; Fisher & Hood, 1987). Furthermore, Burt (1993) found in a group of Australian first-year students that all of them had experienced some degree of homesickness. A similar finding was obtained by Lu (1990) in Chinese students who moved to universities in the United Kingdom. Finally, incidence rates of 18.7% for American students and 76.8% for Turkish students were reported by Carden and Feicht (1991). Thus, homesickness can be considered a world-wide problem among students.

Until now, longitudinal studies on homesickness phenomena, covering a long time-span have not been conducted. Therefore, little is known about the natural course of homesickness. It is also unknown why some students will eventually overcome it, while others will not be successful in this respect. Knowledge on what constitutes effective ways of dealing with homesickness in students is important, because homesickness has been associated with raised psychological disturbance and absent-mindedness (see, for example, Fisher & Hood, 1987; Van Tilburg, Vingerhoets, Van Heck, & Kirschbaum, *in press*), which might lead to poor academic performance. Successfully dealing with feelings of homesickness might help students to regain their previous level of psychological functioning. Studies among children at summer camps (e.g. Thurber, 1997) indicate that the most endorsed effective ways of coping with homesickness are: (1) doing something fun in order to forget about being homesick; (2) thinking positively in order to feel better; (3) simply changing feelings in order to be happy; (4) reframing time and (5) renewing a connection with home (e.g. writing to parents) in order to feel closer to home. Simply emoting or anxiously ruminating was often futile (Thurber, 1997). Tendency to use less avoidance and more approach coping strategies was related to better behavioural adjustment in adolescents dealing with family relocation overseas (Vercruysse & Chandler, 1992). Up to now only one study, that we are aware of, has focused on coping behaviour in homesick adults. The following ways of coping with homesickness were reported: (1) seeking social support, (2) positive thinking/distraction, (3) mental escape and (4) turning to religion (Van Tilburg, Vingerhoets, & Van Heck, 1997). If Thurber's and Vercruysse and Chandler's results could be generalised to adults, it can be hypothesized that giving up (mental escape) is a relatively ineffective coping strategy. Actively confronting the problems by seeking social support, thinking positively about the new environment, looking for distraction from homesick thoughts and turning to religion, are hypothesized to be more effective in keeping the homesick feelings at bay.

It also has to be taken into consideration that personality variables might influence the course of homesickness. Several investigators have found strong associations between personality and homesickness (for overviews, see Van Tilburg, Vingerhoets, & Van Heck, 1996; Eurelings-Bontekoe, 1997). Characteristic features of the homesick, in contrast to the non-homesick, are high levels of rigidity and dependency and low levels of extraversion, dominance, and assertiveness. Whether these personality variables are also related to the duration of the homesickness experience is not known. It might be hypothesized that higher levels of rigidity and dependency and lower levels of extraversion, dominance and assertiveness are related not only to homesickness onset but also to precipitation of the recovery process.

Until now, no studies have focussed on the role of personality and coping in processes determining the duration of homesickness. Therefore, the main aim of the present study was to examine the (in)effectiveness of coping with homesickness. In addition, the role of basic personality traits in the development of chronic homesickness was scrutinized.

2. Method

2.1. Study participants

Subjects were recruited by announcements in university papers calling for university students who had experienced homesickness after their move away from home. A total of 84 students participated. Men (7.1%) were left out of the analyses for reasons given below. Thus, the results pertain to data from 78 female students. Their age ranged from 17 to 31 years ($M=21.94$; $S.D.=2.67$; as only 5% of the subjects were 27 years or older, developmental issues were not scrutinized). Only 29.5% of these women were actually homesick at the moment of completing the questionnaires. The others reported to be recovered.

2.2. Measures

To assess coping strategies, the Adult Homesickness Coping Questionnaire (AHCQ; Van Tilburg et al., 1997) was administered. The 44-item AHCQ consists of four subscales: (1) social support, (2) positive thinking/distraction, (3) turning to religion and (4) mental escape. The psychometric properties of the AHCQ appear to be adequate (Van Tilburg et al., 1997). Because the AHCQ was developed and tested on the basis of a female population, men were left out of the analyses.

Basic personality traits were measured using the Five-Factor Personality Inventory (FFPI; Hendriks, 1997), which has been constructed to cover the five-dimensional trait space of the Abridged Big-Five Dimensional Circumplex (AB5C; Hofstee & De Raad, 1991; Hofstee, De Raad, & Goldberg, 1992). These five broad dimensions are: (1) extraversion, (2) agreeableness, (3) conscientiousness, (4) emotional stability and (5) autonomy¹. The FFPI possesses high internal consistencies, substantial stabilities and good construct validity (Hendriks, 1997).

In addition, students filled in a questionnaire concerning feelings and experiences when homesick (e.g. “How lonely did you feel?”; “Did you miss your old home environment?”; “Did you have difficulties adapting to your new living environment?”, etc.), homesickness intensity and previous homesickness experiences. Finally, the following two open-ended questions were included: (1) “Why were you homesick?” and (2) “What happened or what did you do that caused the homesickness to fade away?” (only in case the subject was recovered from homesickness).

3. Results

The aim of this study was to examine the role of coping styles and personality traits in the duration of homesickness. As the data are cross-sectional not every subject had been in the

¹ Usually the fifth dimension, here called autonomy, is labeled differently, namely openness to experience or intellect.

homesickness situation for the same amount of time. This means that homesickness duration is strongly correlated with length of stay in the homesickness situation. Therefore, we decided to divide the group into chronic and non-chronic homesick, so length of stay in the new environment would not confound our analyses. Our first focus was on deciding who was homesick for a 'normal' period of time and who should be considered as 'chronic' homesick. With respect to homesickness until now nothing is known concerning its natural course. Fisher (1989) compares homesickness to grief and describes a loss-model for homesickness. She concludes that grief and homesickness are similar in that they are both very specific manifestations of distress associated with a known cause, i.e. a loss. The only way the two can be distinguished is on the basis of the associated cognitions. Therefore, we felt that it is valid to make a parallel with grief. After the death of a loved one a certain time period is generally thought of as needed to 'recover' (see for overviews Stroebe, Stroebe, & Hansson, 1993; Parkes, 1996). Grieving after a year is seen as a serious, although not sufficient, indicator of maladaptive grieving (see, for example, Bowlby, 1980; Byrne & Raphael, 1994; Middleton, Burnett, Raphael, & Martinek, 1996).

Approximately 50% of both the currently homesick and the recovered were homesick for 1–6 months; the range of homesickness duration being 1 to 48 and 1 to 36 months, respectively. Therefore, it was decided to consider those who were 1–6 months homesick as *not* chronically homesick; in contrast, those who were longer than 6 months homesick were conceived of as chronic homesick (respectively, $N=39$ and $N=29$; missing data for 10 participants). Six of the non-chronic homesick individuals were not recovered yet. They were less than 6 months homesick, but indicated that they probably would feel homesick for a long while. So, it has to be taken into account that some of them will eventually develop a state of chronic homesickness. For that reason, they were not included in the analyses. Furthermore, it was checked whether recovery was due to a move back home. It appeared that in the non-chronic group three persons moved back home or closer to one's old house. These persons were also left out of the analyses. Thus, the data of 30 non-chronic homesick and 29 chronic homesick were analyzed.

Non-chronic homesick individuals were expected to cope more effectively with homesickness, while chronic homesick persons were conceived of as coping less effectively. Therefore, coping strategies were compared across these two groups. It appeared that none of the students used turning to religion as a coping strategy. Consequently, this scale was left out of the analyses. A logistic regression analysis was performed on chronicity of homesickness as the outcome variable and social support, positive thinking/distraction and mental escape as predictors (see Table 1). The goodness of fit statistic was significant ($\chi^2=9.5$; $df=3$; $p\leq 0.05$). Of the non-chronic homesick 72.4%, and of the chronic homesick 69.0%, were correctly classified. So, overall, 70.7% were correctly classified. The Wald statistic was significant for mental escape only ($z=7.2$; $p\leq 0.01$). Furthermore, a test of the full model in a logistic regression analysis, from which mental escape was excluded, against a constant-only model was not statistically significant ($\chi^2=6.02$; $df=3$; $p>0.05$). Thus, only mental escape predicted homesickness chronicity.

Next, the role of personality in homesickness chronicity was investigated. A logistic regression analysis, with homesickness chronicity as outcome and extraversion, agreeableness, conscientiousness, emotional stability and autonomy as predictors, yielded the following results (see Table 1). A test of the full model with the five personality dimensions against a constant-only model was statistically significant ($\chi^2=17.3$; $df=5$; $p\leq 0.01$). Thus, the five personality dimensions clearly distinguish between the non-chronic and chronic homesick. Prediction success was

Table 1

Logistic regression analyses of duration of homesickness as a function of coping styles and as a function of basic personality traits

	<i>B</i>	Wald test	Odds ratio	95% confidence interval for odds ratio	
				lower	upper
Social support	0.00	0.01	1.00	0.94	1.07
Mental escape	−0.15	7.18	0.86	0.77	0.96
Distraction/positive thinking	0.04	0.93	1.18	0.96	1.14
Constant	1.18	0.23			
Agreeableness	0.28	0.79	1.32	0.72	2.45
Autonomy	0.25	0.52	1.28	0.65	2.54
Conscientiousness	0.21	0.38	1.23	0.63	2.39
Emotional stability	1.28	10.33	3.61	1.65	7.91
Extraversion	0.31	0.68	1.37	0.65	2.87
Constant	−0.18	0.31			

75.9% for the chronic homesick and 73.3% for the non-chronic homesick with an overall success rate of 74.6%. Wald statistics were computed for each predictor. According to this criterion, only emotional stability predicted homesickness chronicity ($z = 10.3$, $p \leq 0.01$). A model run with emotional stability omitted was not better than a constant-only model. This confirms the finding that emotional stability is the only reliable predictor of homesickness with an odds ratio of 3.6. Finally, emotional stability and thereafter mental escape were entered as predictors into a logistic regression analysis with chronicity of homesickness as outcome. The goodness of fit was significant for both emotional stability ($\chi^2 = 15.5$; $df = 1$; $p \leq 0.0001$) and mental escape ($\chi^2 = 5.1$; $df = 1$; $p \leq 0.05$). The Wald statistic was also significant for both emotional stability ($z = 8.9$; $p \leq 0.01$) and mental escape ($z = 4.6$; $p = 0.05$). Emotional stability had an odds ratio of 3.1 and mental escape only an unimpressive 0.89.

Since six months is quite a short time period, we decided to repeat these analyses after splitting up the group in those who are less and those who are more than 12 months homesick ($N = 45$ and $N = 14$, respectively). These results will not be reported here, but were mainly similar. In addition, correlations were calculated between duration of homesickness and personality and coping style. It was found that all correlations were low ($0.23 > r > -0.01$; ns), except for emotional stability ($r = -0.46$; $p \leq 0.001$). This confirms the finding that emotional stability is related negatively to duration of homesickness. The correlation between mental escape and duration of homesickness was 0.23 (ns).

Differences between the non-chronic and chronic homesick in feelings/experiences when homesick, homesick intensities, and previous homesickness experiences were calculated using *t*-tests (see Table 2). It was found that the chronic homesick reported significantly higher homesickness intensities, more missing of the old house and the atmosphere of the old environment, less

Table 2

Differences between non-chronic and chronic homesick on feelings and experiences when homesick, homesickness intensity and previous homesickness experiences

	Non-chronic homesick, <i>M</i>	Chronic homesick, <i>M</i>	<i>T</i> -test
How intense was your homesickness? (10-point scale)	6.63	7.93	^b
Did you expect to become homesick? (4-point scale)	1.83	2.21	ns
Did you miss... (4-point scales)			
your old home environment?	2.80	3.17	ns
your home?	2.63	3.38	^c
persons who were left behind?	3.43	3.69	ns
things and objects which were left behind?	2.80	2.35	ns
pets?	3.47	3.41	ns
the atmosphere of the home environment?	3.07	3.52	^a
Did you have difficulties adapting to your new living environment? (4-point scale)	2.33	2.73	ns
Did you have a good relationship with your parents? (4-point scale)	3.83	3.86	ns
How happy were you? (4-point scale)	4.97	3.45	^b
How lonely did you feel (10-point scale)	5.47	6.69	ns
Did you regret moving? (4-point scale)	1.87	2.18	ns
Did you have enough friends in your new living environment? (4-point scale)	2.57	2.45	ns
How was the contact with inmates? (10-point scale)	5.77	5.69	ns
Did you like what you were studying? (10-point scale)	6.90	5.97	ns
Did you feel your courses were demanding? (4-point scale)	2.47	2.45	ns
How difficult was it to leave your parental home? (4-point scale)	2.37	3.14	^b
Are you afraid of small rooms? (4-point scale)	1.30	1.69	^a

All questions had to be answered referring to the time one was homesick. Scales ranged from 'not at all' to 'very' on 4- or 10-point scales.

^a $p \leq 0.05$.

^b $p \leq 0.01$.

^c $p \leq 0.001$.

happiness, more difficulties leaving the parental home and more fear of small rooms, than the non-chronic homesick.

Furthermore, it appeared from the open answer questions that homesickness was attributed to²:

² Percentages of students giving each answer. More reasons could be given by one person; therefore, percentages do not add up to 100%.

(1) negative feelings towards the new environment (34.9%); (2) having no (good) friends in the new environment (34.9%); (3) missing family, parents, partner (28.9%); (4) feelings of loneliness and insecurity (26.5%); (5) missing the company, attention, warmth, security, love, etc., of home (25.3%); (6) having to take care of everything by yourself (14.5%) and (7) a rest category including problems at home, missing the home environment or house, distance from home and missing of friends (36.0%). Recovery from homesickness was attributed to making new friends (61.0%), visiting home (12.0%) and moving back home (8.0%). 8% did nothing and a rest category of 11.0% acted in various ways like going into therapy, writing a diary, etc.

4. Discussion

The present study focussed on why some people recover from their homesickness in a relatively short time period, whereas others develop a chronic state of homesickness. The role of coping strategies, basic personality traits, and attributions on homesickness were examined. As expected, it was found that mental escape was a relatively ineffective way of coping with homesickness. Daydreaming about home, fantasizing about home and being at home and wishing one was home obviously does not enhance adjustment. On the contrary, it may even interfere with it. The focus of chronic homesick persons remains directed on the old environment, preventing the development of a genuine interest into the new environment, and sustaining homesickness. Contrary to our hypothesis seeking social support and positive thinking/distraction were not related to homesickness chronicity. It is surprising that seeking social support failed to emerge as a significant predictor of adjustment, since it has generally been found that seeking social support buffers stress (e.g. Barrera, 1986). However, Eurelings-Bontekoe, Vingerhoets, and Fontijn (1994) found that homesick conscripts have a strong need for social support, but lack social skills. Thus, it could be speculated that homesick persons are actually seeking social support, but that their efforts fail and often are in vain. Furthermore, positive thinking about the new situation and distracting oneself also failed to prevent homesickness from becoming chronic. It might be argued that thinking positively about the new environment does not imply real cognitive changes related to adjustment to new situations. Thus, it could be speculated that being positive about the new environment and distracting oneself gives some breathing-space, but does in the end not facilitate the adjustment process. In conclusion, it would be good advice for homesick people to refrain from fantasizing and daydreaming about home and bygone days. However, this might be an impossible task for severely homesick persons. Therefore, they are more helped by distraction from their thoughts and worries and the accompanying need to escape from the bad situation mentally. Fisher (1989) found that episodes of homesickness thoughts are more likely to occur during passive tasks and mental activity. Active tasks and physical activity, thus, can keep homesickness at bay, thereby preventing fantasizing and daydreaming about the old environment.

Most students who were recovered attributed this to making new friends in their new environment. New friends are able to provide support to the homesick, who are torn away from their social network. This study shows that seeking social support is not associated with the duration of homesickness. However, new friends also facilitate the adaptation process of the homesick individual. Homesick people can learn much about their new environment and the local habits and norms from friends ('informational and instrumental support'). Moreover, active and fun

activities are typically undertaken with friends, thereby distracting the homesick from his/her thoughts and feelings ('emotional support').

One should be aware that the relation between mental escape and homesickness chronicity could be a spurious one. Increases in both could be caused by increasing homesickness intensities. Higher homesickness intensities may lead to both longer duration of homesickness and more use of mental escape as a coping strategy. However, in a previous study, it was found that only seeking social support and positive thinking/distraction were related to homesickness intensity (Van Tilburg et al., 1997). These results thus contradict the hypothesis that the relationship between mental escape and homesickness chronicity is spurious. However, longitudinal studies are needed for more definitive answers.

Of the five personality dimensions, only emotional stability was related to timely recovery from homesickness. This is in congruence with other research linking homesickness to neuroticism (Rümke, 1940; Gasselsberger, 1982; Voolstra, 1992; Eurelings-Bontekoe et al., 1994). Contrary to previous results extraversion was not related to homesickness chronicity. Thus, neuroticism is not only related to a greater vulnerability to develop homesickness, but it also interferes with recovery. Extraversion, on the other hand, plays a role in the onset but not in recovery of homesickness. The interference of emotional stability on the timely recovery was greater than that of coping. Although, personality seems to be more important than coping, coping did have a separate effect on homesickness chronicity. Thus, personality seems to be a moderating variable rather than a mediator in homesickness duration. However, future research should focus on whether personality affects either coping choice, effectiveness of a (particular) coping strategy, or both (see, for example, Bolger & Zuckerman, 1995).

Furthermore, it was found that those who run the risk of becoming chronically homesick, also report more extreme reactions to leaving home, as evidenced by higher homesickness intensities, more missing of what is left behind and fears of leaving home. The chronic homesick did not report more difficulties in the new environment than the non-chronic homesick. This confirms the previous finding of Van Tilburg (1997) that inability to cope with the high demands of a new environment might not be a major cause or sufficient condition for the development of serious homesickness. The results of the present study seem to indicate that difficulties in the new environment do not interfere with timely recovery of homesickness either.

In conclusion, this study has yielded some interesting new findings which might have important practical implications for those suffering from homesickness and professionals working with the homesick. As far as we know, this is the first study which focusses upon (in)effectiveness of coping with homesickness in adults. Meanwhile, there is a need for more studies using a prospective design and larger samples over a wide variety of groups.

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